

#### **HEALTH ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

OF THE CONDITION AND AFFAIRS OF THE

Express Scripts Insurance Company

· -	0000 , 0000 ent Period) (Prior Pe		ode 60025	Employer's ID Number	86-0754726
Organized under the Laws o	,	,	. State of Domicile	or Port of Entry	Arizona
Country of Domicile			United States	,	
Licensed as business type:	Life, Accident & Health	[X] Property/Ca	sualty [ ] De	ntal Service Corporation [ ]	
	Vision Service Corpora	tion [ ] Other [ ]	Не	alth Maintenance Organization	n[ ]
	Hospital, Medical & Der	ntal Service or Indemnity [	] Is I	HMO, Federally Qualified? Yes	s[]No[]
Incorporated/Organized	02/23/199	94 Con	nmenced Business	02/23/	1994
· <u> </u>				Tempe. AZ 852	
Statutory Home Office		outh Hardy Drive eet and Number)	,	(City or Town, State and 2	
Main Administrative Office			7909 South Hard	y Drive	
Т	empe, AZ 85284		(Street and Numl	per) 866-332-5455-345966	
	Town, State and Zip Code)			(Area Code) (Telephone Number)	
Mail Address	One Express Way, Mails (Street and Number or F			Saint Louis, MO 6312 (City or Town, State and Zip Co	
Primary Location of Books a	nd Records	·	One	Express Way	,
Sair	nt Louis, MO 63121		(Stre	eet and Number) 314-989-5966	
	Town, State and Zip Code)			(Area Code) (Telephone Number)	
Internet Website Address		W	ww.express-scripts	.com	
Statutory Statement Contact	Kelia Kelia	D. Clements (Name)	<del></del> -	314-989-5966 (Area Code) (Telephone Number)	(Estancian)
kclement	s2@express-scripts.com	(Name)		866-276-7055	(Extension)
	(E-mail Address)			(FAX Number)	
		OFFICE	RS		
Name		Title	Name		Title
Ed Ignaczak		nief Executive Officer	Brit Pi	m , O	ident - Medicare, Chief perating Officer
Thomas M Boudreau	ı, <u>S</u>	ecretary	Kelley E	lliott , Ass	sistant Secretary
Matthew Harper	T	OTHER OFF reasurer	FICERS  Martin P	Δkine Δee	sistant Secretary
Jeffrey Naeger		ant Secretary	Janice Fo		sistant Secretary
		DIRECTORS OR			
Agnes Rey-Giraud	Pat	McNamee	Aaron Ma	nwill Ed	ward Ignaczak
State of	Missouri				
County of	St. Louis	<b>SS</b> 			
above, all of the herein describe this statement, together with rel of the condition and affairs of it completed in accordance with it that state rules or regulations re respectively. Furthermore, the s	ed assets were the absolute pated exhibits, schedules and ne said reporting entity as of the NAIC Annual Statement In equire differences in reporting scope of this attestation by the	property of the said reporting elexplanations therein contained the reporting period stated about structions and Accounting Practice to accounting practice described officers also include the structions and the said the	ntity, free and clear from, annexed or referred ove, and of its income otices and Procedures tices and procedures, les the related corres	of said reporting entity, and that om any liens or claims thereon, exc to is a full and true statement of a and deductions therefrom for the manual except to the extent that: according to the best of their inforponding electronic filing with the N ag may be requested by various reg	cept as herein stated, and tha ill the assets and liabilities and period ended, and have beer (1) state law may differ; or, (2 mation, knowledge and belief AIC, when required, that is an
Kelley El Assistant Se		Martin P <i>A</i> Assistant Se			w Harper asurer
Subscribed and sworn to be 26 day of	efore me this February, 2010		b. I 1 2	s this an original filing? f no, . State the amendment numb . Date filed . Number of pages attached	Yes [ X ] No [ ]
Cathie M. Horrell Notary Public June 2, 2012					

# Exhibit 2 - A&H Premiums Due and Unpaid NONE

Exhibit 3 - Health Care Receivables

NONE

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid	l Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						•
0199999 Individually listed claims unpaid.	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						376,000
0699999 Total amounts withheld						
0799999 Total claims unpaid						376,000
0899999 Accrued medical incentive pool and bonus amounts						0

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES** 

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
		<b>-</b>	<b>-</b>				
		NON					
	*						
	_						
				<b>†</b>			
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Express Scripts Senior Care Holdings, In	As described in Management Service Agree.	5,119,771	5,119,771	
	,	5,119,771	5,119,771	0
029999 Payables not individually listed				
0199999 Individually listed payables		5,119,771	5,119,771	0

Exhibit 7 - Part 1

**NONE** 

Exhibit 7 - Part 2

**NONE** 

Exhibit 8

**NONE** 



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

					<u></u>			(LOCATION)		
IAIC Group Code 0000 BUSINESS IN THE STATE C	F Alabama			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0		•							
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0		•							
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF Alaska **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF American Samoa **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products and number of p	f persons under indemnity only products
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18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF Arizona **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Express Scripts Insurance Company **REPORT FOR: 1. CORPORATION** 

	·		·	·		·		(LOCATION)	·	
AIC Group Code 0000 BUSINESS IN THE STATE C	F Arkansas			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			5.554			Cy				
1. Prior Year	43									
2 First Quarter	69									
3 Second Quarter	71									
4. Third Quarter	71									
5. Current Year	71									
6 Current Year Member Months	847									8
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148,5
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148,5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,9
18. Amount Incurred for Provision of Health Care Services	120,153									120,18

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ \_\_\_\_\_\_\_ \$ 48,556



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

						<del>.</del>		(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE OF	F California			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	128									1
2 First Quarter	208									20
3 Second Quarter	214									2
4. Third Quarter	212									2
5. Current Year	213									2
6 Current Year Member Months	2,541									2,5
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	445,667									445,60
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	445,667									445,6
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	365,911									365,9
18. Amount Incurred for Provision of Health Care Services	360.459									360,4

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 445,667



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Express Scripts Inst	urance Company					2		(LOCATION)			
NAIC Group Code 0000 BUSINESS IN THE STATE (	OF Canada										
·	1	Comprel (Hospital &		4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2 First Quarter	0										
3 Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6 Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$

(a) For health business: number of persons insured under PPO managed care products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Express Scripts Insurance Company

#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) NAIC Group Code BUSINESS IN THE STATE OF Colorado **DURING THE YEAR 2009** NAIC Company Code 60025 0000 Comprehensive (Hospital & Medical) 5 8 10 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year

6 Current Year Member Months	U									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

and number of persons under indemnity only products



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	OF Connecticut			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2	3	Medicare	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	I Otal	Individual	Group	Supplement	Only	Uniy	Plan	iviedicare	iviedicaid	Otner
	384									
Prior Year      First Quarter	623									
3 Second Quarter	637									
Third Quarter										
5. Current Year	639									
6 Current Year Member Months	7,623									7
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,337,001									1,337
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,337,001									1,337
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,097,732									1,097
18. Amount Incurred for Provision of Health Care Services	1,081,377									1,081

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 1,337,001



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF Delaware **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Express Scripts Insurance Company **REPORT FOR: 1. CORPORATION** 

						<del>.</del>		(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE OF	District of Columbia			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital a	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43									
2 First Quarter	69									
3 Second Quarter	71									
4. Third Quarter	71									
5. Current Year	71									
6 Current Year Member Months	847									3
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148 , 556									148 , 5
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148,5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,9
18. Amount Incurred for Provision of Health Care Services	120.153									120,1

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

					<u></u>			(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE C	OF Florida			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	85									3
2 First Quarter	138									13
3 Second Quarter	143									14
4. Third Quarter	142									14
5. Current Year	142									14
6 Current Year Member Months	1,694									1,69
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	297 , 111									297 , 11
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	297,111									297 , 11
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	243,941									243,94
18. Amount Incurred for Provision of Health Care Services	240,306									240,30

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 297,111



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Georgia			DURING THE YEAR	2009	r		NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			·		-					
1. Prior Year	128									1
2 First Quarter	208									2
3 Second Quarter	214									2
4. Third Quarter	212									2
5. Current Year	213									2
6 Current Year Member Months	2,541									2,5
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	445,667									445,6
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	445,667									445,6
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	365,911									365,9
18. Amount Incurred for Provision of Health Care Services	360,459									360,4

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 445,667



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

	' '							(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Guam			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										1
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									ļ
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									ļ
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

<del></del>					<u></u>			(LOCATION)		
IAIC Group Code 0000 BUSINESS IN THE STATE C	)F Hawaii			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										1
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										1
7. Physician										
8. Non-Physician	0									<b></b>
9. Total	0	0	0	0	0	0	0	0	0	ļ
10. Hospital Patient Days Incurred	0									ļ
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									ļ
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									ļ
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									ļ
18. Amount Incurred for Provision of Health Care Services	0									

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE	OF Idaho			DURING THE YEAR	2009			NA	IC Company Code	60025
	1		ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
otal Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Illinois			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	1,144									1,1
2 First Quarter	1,870									1,8
3 Second Quarter	1,929									1,9
4. Third Quarter	1,910									1,9
5. Current Year	1,916									1,9
6 Current Year Member Months	22,868									22,8
Total Member Ambulatory Encounters for Year:										
7. Physician	0				•••••				• • • • • • • • • • • • • • • • • • • •	
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,011,001									4,011,0
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,011,001									4,011,0
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,293,197									3,293,1
18. Amount Incurred for Provision of Health Care Services	3,244,129									3,244,1

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 4,011,001



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

						_		(LOCATION)		
IC Group Code 0000 BUSINESS IN THE STATE OF Indi	iana			DURING THE YEAR	2009			NA	IC Company Code	60025
	1		hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										I
1. Prior Year	256									
2 First Quarter	415									
3 Second Quarter	428									
4. Third Quarter	425									
5. Current Year	426									
6 Current Year Member Months	5,082									5,
otal Member Ambulatory Encounters for Year:										l
7. Physician	0									ļ
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									I
12. Health Premiums Written (b)	891,334									891,
13. Life Premiums Direct	0									<b>.</b>
14. Property/Casualty Premiums Written	0									l
15. Health Premiums Earned	891,334									891,
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	731,822									731,
18. Amount Incurred for Provision of Health Care Services	720,918									720,

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 891,334



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
IAIC Group Code 0000 BUSINESS IN THE STATE OF	lowa			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43									
2 First Quarter	69									6
3 Second Quarter	71									ī
4. Third Quarter	71									7
5. Current Year	71									7
6 Current Year Member Months	847									84
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148,55
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148 , 55
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,97
18. Amount Incurred for Provision of Health Care Services	120,153									120,15

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) **BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF Kentucky **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

					<u></u>	_		(LOCATION)		
IAIC Group Code 0000 BUSINESS IN THE STATE OF	F Louisiana			DURING THE YEAR	2009			. NA	IC Company Code	60025
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43									4
2 First Quarter	69									6
3 Second Quarter	71									7
4. Third Quarter	71									7
5. Current Year	71									7
6 Current Year Member Months	847									84
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148 , 55
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148,55
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	121,970									121,97
18. Amount Incurred for Provision of Health Care Services	120,153									120,15

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Express Scripts Insi	drance Company					2		(LOCATION)		
NAIC Group Code 0000 BUSINESS IN THE STATE	OF Maine			DURING THE YEAR	2009				IC Company Code	60025
	1	Comprel (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE C	OF Maryland			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	Total	marriada	Отобр	Саррістоп	Only	Only	T IGH	Wouldard	Modicald	Othor
1. Prior Year	43									
2 First Quarter	69									
3 Second Quarter	71									
4. Third Quarter	71									
5. Current Year	71									
6 Current Year Member Months	847									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121
18. Amount Incurred for Provision of Health Care Services	120,153									120,

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

		·						(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Massachusetts			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	rotar	marriadar	Group	Саррістоп	Only	Only	T Idii	Wodioaro	Wodround	0 1101
1. Prior Year	384									
2 First Quarter	623									6
3 Second Quarter	642									6
4. Third Quarter	637									6
5. Current Year	639									6
6 Current Year Member Months	7,623									7,6
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,337,001									1,337,0
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,337,001									1,337,0
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,097,732									1,097,7
18. Amount Incurred for Provision of Health Care Services	1,081,377									1,081,3

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 1,337,001



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
IC Group Code 0000 BUSINESS IN THE STATE O	F Michigan			DURING THE YEAR	2009	•		NA NA	IC Company Code	60025
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Fotal Members at end of:										
1. Prior Year	341									3
2 First Quarter	553									5
3 Second Quarter	571									5
4. Third Quarter	567									56
5. Current Year	568									56
6 Current Year Member Months	6,776									6,77
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1 , 188 , 446									1 , 188 , 44
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,188,446									1 , 188 , 4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	975,762									975,76
18. Amount Incurred for Provision of Health Care Services	961,224									961,22

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 1,188,446



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF Minnesota **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Express Scripts Insurance Company **REPORT FOR: 1. CORPORATION** 

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE C	OF Mississippi			DURING THE YEAR	2009		1	NA	IC Company Code	60025
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43									
2 First Quarter	69									
3 Second Quarter	71									
4. Third Quarter	71									
5. Current Year	71									
6 Current Year Member Months	847									3
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148 , 556									148,5
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148 , 556									148,5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,9
18. Amount Incurred for Provision of Health Care Services	120,153									120,1

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE OF	F Missouri			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital a	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	256									2
2 First Quarter	415									4
3 Second Quarter	428									4
4. Third Quarter	425									4
5. Current Year	426									4
6 Current Year Member Months	5,082									5,0
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	891,334									891,3
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	891,334									891,3
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	731,822									731,8
18. Amount Incurred for Provision of Health Care Services	720,918									720,9

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 891,334



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
IC Group Code 0000 BUSINESS IN THE STATE O	F Montana			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
otal Members at end of:										
1. Prior Year	43									
2 First Quarter	69									
3 Second Quarter	71									
4. Third Quarter	71									
5. Current Year	71									-
6 Current Year Member Months	847									84
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148,55
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148 , 55
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,97
18. Amount Incurred for Provision of Health Care Services	120,153									120,15

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Express Scripts Insurance Company **REPORT FOR: 1. CORPORATION** (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE C	)F Nebraska			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										1
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0			ļ						ļ
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									<u> </u>

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2. (LOCATION)

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE	OF Nevada			DURING THE YEAR	2009			NA	IC Company Code	60025
	1		ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
otal Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
otal Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
4. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Express Scripts Insurance Company **REPORT FOR: 1. CORPORATION** 

								(LOCATION)		
NAIC Group Code 0000 BUSINESS	IN THE STATE OF New Hampshire			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Ser	vices0									
18. Amount Incurred for Provision of Health Care	Services 0									

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F New Jersey			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Onlv	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	rotar	marviadai	Отобр	Саррістоп	Only	Only	T IGH	Wodrouro	Wodround	Guioi
1. Prior Year	341									3
2 First Quarter	553									5
3 Second Quarter	571 .									5
4. Third Quarter	567									50
5. Current Year	568									5
6 Current Year Member Months	6,776									6,7
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1 , 188 , 446									1 , 188 , 4
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1 , 188 , 446									1 , 188 , 4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	975,762									975,7
18. Amount Incurred for Provision of Health Care Services	961,224									961,2

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 1,188,446



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF New Mexico **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
IC Group Code 0000 BUSINESS IN THE STATE O	F New York			DURING THE YEAR	2009	•		NA NA	IC Company Code	60025
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Fotal Members at end of:										
1. Prior Year	852									8
2 First Quarter	1,383									1,38
3 Second Quarter	1 , 427									1 , 42
4. Third Quarter	1,417									1,41
5. Current Year	1,420									1,42
6 Current Year Member Months	16,940									16,94
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,971,114									2,971,11
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,971,114									2,971,11
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,439,405									2,439,40
18. Amount Incurred for Provision of Health Care Services	2,403,060									2,403,06

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 2,971,114



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F North Carolina			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	256									2
2 First Quarter	415									4
3 Second Quarter	428									4
4. Third Quarter	425									4
5. Current Year	426									4
6 Current Year Member Months	5,082									5,0
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	891,334									891,3
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	891,334									891,3
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	731,822									731,8
18. Amount Incurred for Provision of Health Care Services	720,918									720,9

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 891,334



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF North Dakota **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2. (LOCATION)

<del></del>								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Northern Mariana Island			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Express Scripts Insurance Company 2. (I.OCATION)

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Ohio			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										1
1. Prior Year	85		•							
2 First Quarter	138									1
3 Second Quarter	143									1
4. Third Quarter	142									11-
5. Current Year	142									1
6 Current Year Member Months	1,694									1,6
Total Member Ambulatory Encounters for Year:										1
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	297,111									297 , 1
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	297,111									297 , 1
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	243,941									243,9
18. Amount Incurred for Provision of Health Care Services	240,306									240,3

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 297,111



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2. (LOCATION)

NAIC Company Code (LOCATION)

NAIC Company Code (LOCATION)

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Oklahoma			DURING THE YEAR	2009			NA	IC Company Code	60025
	1		ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
otal Members at end of:										
1. Prior Year	43									
2 First Quarter	69									
3 Second Quarter	71									
4. Third Quarter	71									
5. Current Year	71									
6 Current Year Member Months	847									
otal Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148,
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148 ,
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121 ,
18. Amount Incurred for Provision of Health Care Services	120, 153									120,

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF Oregon **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

						<u> </u>		(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE OF	F Pennsylvania			DURING THE YEAR	2009			NA.	IC Company Code	60025
	1	Compre (Hospital		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43									
2 First Quarter	69									
3 Second Quarter	71									
4. Third Quarter	71					• • • • • • • • • • • • • • • • • • • •				
5. Current Year	71									
6 Current Year Member Months	847									8
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148,5
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148 , 5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,9
18. Amount Incurred for Provision of Health Care Services	120,153									120,15

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2. (LOCATION)

AIC Group Code 0000 BUSINESS IN THE STATE OF P	Puerto Rico			DURING THE YEAR	2009			(LOCATION) NA	IC Company Code	60025
TO GLOUD GOOD SOON TO GENERAL SOON THE GIVEN COLUMN THE G	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

a) For health business: number of persons insured under PPO managed care products and numb	nber of persons under indemnity only products
--	---

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Rhode Island			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43									
2 First Quarter	69									6
3 Second Quarter	71									7
4. Third Quarter	71									7
5. Current Year	71									-
6 Current Year Member Months	847									84
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148,55
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148,55
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,9
18. Amount Incurred for Provision of Health Care Services	120,153									120,18

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
--	---	---

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2. (LOCATION)

NAIC Company Code 1000 NAIC Code 1000 NAIC Company Code 1000 NAIC CODE 1000 N

IAIC Croup Code 0000 DUCINITIE STATE O	E Courth Carolina			DUDING THE VEAD	2000			(LOCATION)	IC Company Code	60025
AIC Group Code 0000 BUSINESS IN THE STATE O	r South Carolina	Compre	hensive	DURING THE YEAR	2009			NA I	IC Company Code	60025
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	85									
2 First Quarter	138									1
3 Second Quarter	143									ļ1
4. Third Quarter	142									11
5. Current Year	142									1
6 Current Year Member Months	1,694									1,6
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	297 , 111									297 , 1
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	297,111									297 , 1
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	243,941									243,9
18. Amount Incurred for Provision of Health Care Services	240,306									240,3

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
--	---

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 297,111



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Express Scripts Insurance Company** (LOCATION) BUSINESS IN THE STATE OF South Dakota **DURING THE YEAR 2009** NAIC Company Code 60025 NAIC Group Code Comprehensive (Hospital & Medical) 5 8 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
--	---	---

18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

						<u> </u>		(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Tennessee			DURING THE YEAR	2009			NA.	IC Company Code	60025
	1	Compre (Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43									
2 First Quarter	69									
3 Second Quarter	71									
4. Third Quarter	71									
5. Current Year	71									
6 Current Year Member Months	847									8
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556									148,5
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148,5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,9
18. Amount Incurred for Provision of Health Care Services	120,153									120,1

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
--	---	---

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Express Scripts Insurance Company 2.

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE OF	Texas			DURING THE YEAR	2009			NA	IC Company Code	60025
	1		ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										I
1. Prior Year	170									
2 First Quarter	277									
3 Second Quarter	285									
4. Third Quarter	283									
5. Current Year	284									
6 Current Year Member Months	3,388									3,
otal Member Ambulatory Encounters for Year:										I
7. Physician	0									ļ
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	<u> </u>
10. Hospital Patient Days Incurred	0									<u> </u>
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	594,223									594 ,
13. Life Premiums Direct	0									L
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	594,223									594 ,
16. Property/Casualty Premiums Earned	0									ļ
17. Amount Paid for Provision of Health Care Services	487 ,881									487 ,
18. Amount Incurred for Provision of Health Care Services	480,612									480,6

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
--	---	---

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 594,223



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2. (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF U.S. Virgin Islands

NAIC Group Code 0000 NAIC Company Code 60025

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE	OF U.S. Virgin Islands			DURING THE YEAR	2009			NA	IC Company Code	60025
	1		ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
otal Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
otal Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
4. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2. (LOCATION)

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE C	)F Utah			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
otal Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
otal Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0		<b>_</b>							
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
--	---	---

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Express Scripts Insurance Company **REPORT FOR: 1. CORPORATION** (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE (	OF Vermont			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital d	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0		•••••							
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products
--

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

		,									
NAIC Group Code 0000	BUSINESS IN THE STATE OF Virginia	rginia			DURING THE YEAR 2009	5009			(LOCATION) NA	N) NAIC Company Code	60025
		+	Compre (Hospital	Comprehensive (Hospital & Medical)	4	5	9	7	8	6	10
			2	င်				Federal			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		43									43
2 First Quarter		69									69
3 Second Quarter		71									71
4. Third Quarter		71									71
5. Current Year		71									71
6 Current Year Member Months		847									847
Total Member Ambulatory Encounters for Year:	ers for Year:										
7. Physician		0									
8. Non-Physician		0									
9. Total		0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b)		148,556									148,556
13. Life Premiums Direct.		0									
14. Property/Casualty Premiums Written	ritten	0									
15. Health Premiums Earned		148,556									148,556
16. Property/Casualty Premiums Earned	arned	0									
17. Amount Paid for Provision of Health Care Services	ealth Care Services	121,970									121,970
18 Amount Inclured for Browision of	4100H	100 150									000

and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$

(a) For health business: number of persons insured under PPO managed care products



# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Washington	- Washington			DURING THE YEAR 2009	5009			(ECCALICIA) NA	NAIC Company Code	60025
	-	Comprehensive (Hospital & Medical)	nensive Medical)	4	ĸ	ပ	2	∞	` თ	10
		2	3		,	,	Federal	,	,	!
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	85									85
2 First Quarter	138									138
3 Second Quarter	143									143
4. Third Quarter	142									142
5. Current Year	142									142
6 Current Year Member Months	1,694									1,694
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	297,111									297,111
13. Life Premiums Direct.	0									
14. Property/Casualty Premiums Written.	0									
15. Health Premiums Earned	297,111									297,111
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	243,941									243,941
18 Amount Inclined for Provision of Health Care Services	240.306									240.306

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**Express Scripts Insurance Company REPORT FOR: 1. CORPORATION** (LOCATION) BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0000 BUSINESS IN THE STATE OF	West Virginia			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

a) For health business: number of persons insured under PPO managed care products and numb	nber of persons under indemnity only products
--	---

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2.

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Wisconsin			DURING THE YEAR	2009			NA NA	IC Company Code	60025
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	rotar	marriadai	Отобр	Саррістоп	Only	Only	T IGH	Widdioard	Wodround	Othor
1. Prior Year	384									
2 First Quarter	623									6
3 Second Quarter	642									6
4. Third Quarter	637									6
5. Current Year	639									6
6 Current Year Member Months	7,623									7,6
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,337,001									1,337,0
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,337,001									1,337,0
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,097,732									1,097,7
18. Amount Incurred for Provision of Health Care Services	1,081,377									1,081,3

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
--	---	---

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 1,337,001



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Express Scripts Insurance Company

2.

						<u> </u>		(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE OF	F Wyoming			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Compre (Hospital a		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43									
2 First Quarter	69 .									
3 Second Quarter	71 .									
4. Third Quarter	71									
5. Current Year	71									
6 Current Year Member Months	847									8
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	148,556 .									148,5
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	148,556									148,5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,970									121,9
18. Amount Incurred for Provision of Health Care Services	120,153									120,15

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
,	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 148,556



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Express Scripts Insurance Company 2.

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE	OF Consolidated			DURING THE YEAR	2009			NA	IC Company Code	60025
	1	Comprel (Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,923	0	0	0	0	0	0	0	0	5,9
2 First Quarter	9,615	0	0	0	0	0	0	0	0	9,6
3 Second Quarter	9,916	0	0	0	0	0	0	0	0	9,9
4. Third Quarter	9,845	0	0	0	0	0	0	0	0	9,8
5. Current Year	9,868	0	0	0	0	0	0	0	0	9,8
6 Current Year Member Months	117,732	0	0	0	0	0	0	0	0	117,7
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	20,649,241	0	0	0	0	0	0	0	0	20,649,2
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	20,649,241	0	0	0	0	0	0	0	0	20 , 649 , 2
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	16,953,865	0	0	0	0	0	0	0	0	16,953,8
18. Amount Incurred for Provision of Health Care Services	16,701,265	0	0	0	0	0	0	0	0	16,701,2

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 20,649,241

Schedule S - Part 1 - Section 2

# **NONE**

Schedule S - Part 2

**NONE** 

Schedule S - Part 3 - Section 2

**NONE** 

Schedule S - Part 4

**NONE** 

Schedule S - Part 5

**NONE** 

### **SCHEDULE S-PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
Cash and invested assets (Line 10)			18 , 450 , 139
Accident and health premiums due and unpaid (Line 13)	0		0
Amounts recoverable from reinsurers (Line 14.1)	0		0
Net credit for ceded reinsurance	xxx	0	0
All other admitted assets (Balance)	645,560		645,560
6. Total assets (Line 26)	19,095,699	0	19,095,699
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	376,000	0	376,000
Accrued medical incentive pool and bonus payments (Line 2)	0		C
Premiums received in advance (Line 8)	0		Ω
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		
11. Reinsurance in unauthorized companies (Line 18)	0		
12. All other liabilities (Balance)	7,234,055		7,234,055
13. Total liabilities (Line 22)	7 ,610 ,055	0	7 ,610 ,055
14. Total capital and surplus (Line 31)	11,485,644	XXX	11,485,644
15. Total liabilities, capital and surplus (Line 32)	19,095,699	0	19,095,699
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance	0		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				Direct Rue	Allocated by States and Territories  Direct Business Only						
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6				
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals				
1. Alabama	AL										
2. Alaska	AK										
3. Arizona	AZ										
4. Arkansas	AR										
5. California	CA										
6. Colorado	CO										
7. Connecticut	CT										
8. Delaware	DE										
District of Columbia											
	FL										
	GA										
12. Hawaii											
	ID										
13. Idaho											
14. Illinois		}	-		}	l	}				
15. Indiana											
16. lowa	IA										
17. Kansas	KS	ł	-		}	·	}				
18. Kentucky											
19. Louisiana											
20. Maine	ME										
21. Maryland	MD										
22. Massachusetts 23. Michigan 24. Minnesota	MA										
23. Michigan	MI										
24. Minnesota	MN										
25. Mississippi											
26. Missouri											
27. Montana											
28. Nebraska					• • • • • • • • • • • • • • • • • • • •						
29. Nevada					• • • • • • • • • • • • • • • • • • • •						
30. New Hampshire											
31. New Jersey											
32. New Mexico											
33. New York											
34. North Carolina											
35. North Dakota	ND										
36. Ohio	OH										
37. Oklahoma	OK										
38. Oregon	OR										
39. Pennsylvania			<u> </u>				<u> </u>				
40. Rhode Island		<u> </u>			L		<u> </u>				
41. South Carolina											
	SD			• • • • • • • • • • • • • • • • • • • •							
43. Tennessee	TN										
	TN										
			-			l	·····				
45. Utah											
46. Vermont	VT										
47. Virginia		·	-		····	·	}				
48. Washington						····					
49. West Virginia											
50. Wisconsin						ļ	ļ				
51. Wyoming											
52. American Samoa	AS										
53. Guam							<b>[</b>				
54. Puerto Rico											
55. U.S. Virgin Islands											
• g				• • • • • • • • • • • • • • • • • • • •							
56 Northern Mariana Islands	MD										
56. Northern Mariana Islands	CN										

### 39

# SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	20-3126104	Express Scripts Senior Care Holdings, In				( . ,	5,119,771	<b>J</b>			5,119,771	
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9999999 Co	ontrol Totals		0	0	0	0	5,119,771	0	XXX	0	5,119,771	0

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

questio	IS.	
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.		YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
which th	owing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code nent is required of your company but is not filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory	will be printed below. If the
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	N0
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
14.	·	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
17	APRIL FILING  Will the Long Term Care Experience Benefiting Forms be filed with the state of deminite and the NAIC by April 12	NO
17. 18.		NO
19.	•••	NO
	NATION:	
	NATION.	
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19.

### **OVERFLOW PAGE FOR WRITE-INS**



60025

### ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Express Scripts Insurance Company

### MEDICARE PART D COVERAGE SUPPLEMENT **NET OF REINSURANCE**

For The Year Ended December 31, 2009

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10.12 Without Reinsurance Coverage.

12.3 Reimbursements Receivable-change

12.4 Health Care Receivables-change.

13. Aggregate Policy Reserves-change

12. Reinsurance Coverage and Low Income Cost Sharing 12.1 Claims Paid – Net of Reimbursements Applied...

12.2 Reimbursements Received but Not Applied-change.

10.2 Supplemental Benefits....

11. Total Claims..

14. Expenses Paid.

15. Expenses Incurred.

17. Cash Flow Results

16. Underwriting Gain/Loss..

NAIC Group Code ..... (To Be Filed by March 1) NAIC Company Code Individual Coverage Group Coverage Insured Uninsured Insured Uninsured Cash 1. Premiums Collected 1.1 Standard Coverage XXX. .20.649.241 XXX. .20,649,241 1.11 With Reinsurance Coverage 1.12 Without Reinsurance Coverage XXX. XXX. ..0 1.13 Risk-Corridor Payment Adjustments... XXX XXX 0 1.2 Supplemental Benefits... XXX. XXX. .0 2. Premiums Due and Uncollected-change 2.1 Standard Coverage 2.11 With Reinsurance Coverage XXX. XXX. XXX. 2.12 Without Reinsurance Coverage. XXX XXX XXX 2.2 Supplemental Benefits... XXX XXX XXX 3. Unearned Premium and Advance Premium-change 3.1 Standard Coverage 3.11 With Reinsurance Coverage. XXX XXX ХХХ XXX. XXX. XXX. 3.12 Without Reinsurance Coverage 3.2 Supplemental Benefits. XXX XXX XXX 4. Risk-Corridor Payment Adjustments-change XXX. XXX. XXX. 4.1 Receivable... 4.2 Pavable. XXX XXX XXX 5. Earned Premiums 5.1 Standard Coverage 5.11 With Reinsurance Coverage XXX 20.649.241 XXX XXX 5.12 Without Reinsurance Coverage. XXX. XXX XXX 5.13 Risk-Corridor Payment Adjustments. XXX XXX XXX  $\chi\chi\chi$ 5.2 Supplemental Benefits 20,649,241 6. Total Premiums. 20,649,241 0 XXX XXX 7. Claims Paid 7.1 Standard Coverage XXX 16.953.865 7.11 With Reinsurance Coverage XXX 16.953.865 7.12 Without Reinsurance Coverage. XXX XXX 0 XXX. XXX. .0 7.2 Supplemental Benefits... 8. Claim Reserves and Liabilities-change 8.1.Standard Coverage .(252,600) XXX. XXX. 8.11 With Reinsurance Coverage XXX. 8.12 Without Reinsurance Coverage. XXX XXX XXX 8.2 Supplemental Benefits.... XXX XXX XXX. 9. Health Care Receivables-change 9.1 Standard Coverage XXX. XXX. 9.11 With Reinsurance Coverage. XXX. XXX XXX XXX 9.12 Without Reinsurance Coverage. 9.2 Supplemental Benefits. XXX XXX XXX 10 Claims Incurred 10.1 Standard Coverage 10.11 With Reinsurance Coverage. .0 XXX .16,701,265 XXX XXX.

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